



OVERVIEW

REMARKS

Claims 1 through 41 are pending in this application. Claims 35 through 41 are new claims. Favorable action is respectfully requested.

Enclosed is a check for \$156.00 for the three additional new independent claims and the four additional dependent claims. No additional fee is believed to be due in connection with this amendment. If any additional fees are due, consider this request to charge to Deposit Account No. 26-0084.

Attached hereto is a marked-up version of the changes made to the specification and claims by the current amendment. The attached page is captioned "Version with markings to show changes made."

Reconsideration and allowance is respectfully requested.

Respectfully submitted,

JOHN D. GOODHUE, Reg. No. 47,603
ZARLEY, McKEE, THOMTE, VOORHEES
& SEASE
801 Grand Avenue, Suite 3200
Des Moines, Iowa 50309-2721
Phone No. (515) 288-3667
Fax No. (515) 288-1338
CUSTOMER NO: 22885

Attorneys of Record

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**AMENDMENT — VERSION WITH MARKINGS
TO SHOW CHANGES MADE — DO NOT FILE**

In the Specification

Page 3, 2nd full paragraph, has been amended as follows:

Still further yet, such systems do not allow the care provider to easily customize the diagnosis and procedure code screens with those codes most frequently used in the care provider's particular practice or field of specialty; such customization would require additional programming with great cost in terms of time and money. Nor do the prior art systems permit the care provider to [research] search on-line for a particular code.

Page 15, 2nd full paragraph, has been amended as follows:

The graphical user interface and object-logic tiers of the present invention are programmed for a front-end computer, preferably the Fujitsu Model 1600 running on a Microsoft Windows 98® platform. The preferred programming languages are Microsoft Visual Basic and [C+] C++.

In the Claims

Kindly enter the following new claims:

35. (New)

A method for providing point of service medical billing using a computer comprising: receiving a selection of a patient procedure code from a care provider on a first computer at a point of service;

receiving a selection of a diagnosis code from a care provider on the first computer at the point of service;
electronically sending patient data including the patient procedure code and the diagnosis code from the first computer to a second computer; and
generating a patient bill at the second computer, the patient bill associated with the patient data.

36. (New)

A method of providing point of service medical billing comprising:
electronically sending patient data from a back-end computer to a point of service computer;
associating at least one patient procedure code with the patient data on the point of service computer;
associating at least one diagnosis code with the patient data on the point of service computer;
electronically sending patient data including the patient procedure code and the diagnosis code from the point of service computer to the back-end computer; and
generating a patient bill at the back-end computer, the patient bill corresponding to the patient data.

37. (New)

A software article stored on a storage medium associated with a point of care computer, the software article providing for point of care billing comprising:
means for receiving patient data from a second computer;
means for sending patient data to a second computer;
means for visually displaying patient data;
means for prompting a health care user to enter at least one patient procedure code;
means for prompting a health care user to enter at least one patient diagnosis code;

means for associating the patient data with at least one patient diagnosis code; and
means for associating a charge with each patient procedure.

38. (New)

The software article of claim 37 further comprising a means for prompting a care provider to enter ailment information associated with a patient.

39. (New)

The software article of claim 37 further comprising a means for prompting a care provider to enter referring provider information associated with a patient.

40. (New)

The software article of claim 37 further comprising a means for prompting a care provider to enter notes associated with a patient.

41. (New)

The software article of claim 37 further comprising a means for prompting a care provider to enter modifiers associated with procedure codes.